



國際認可認證有限公司

Accredited Certification International Limited

Your True Partner in Management System Certification

Application Form

Company Name (English): _____

Company Name(Chinese): _____

Contact Person/Title: _____

E-mail: _____

Branch/Division (English): _____

Branch/Division (Chinese): _____

Corresponding Address
(English): _____

(Chinese): _____

Certification/Verification Applied:
ISO 9001:2015 () ISO 45001:2018 ()
ISO 14001:2015 () ISO 50001:2018 ()
ISO 14064-1:2018 ()
Others ():

Scope of Cert. (English): _____

Scope of Cert. (Chinese): _____

Boundaries of the
management system: _____

Number of staff: _____

Number of shift: _____

Number of shift work
employees _____

Number of employees
partially in scope _____

Repetitive process within
scope _____

Number of part time
personnel _____

Number of temporary
unskilled personnel _____

Accredited Certification International Limited
Unit 1901, 19/F, Yen Sheng Centre, 64 Hoi Yuen Road, Kwun Tong, Kowloon, Hong Kong
Tel: 3977 8988 Fax: 28061940 Website: www.aci-limited.com



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For OHSMS Certification application only

Number of accidents happened in your organization in the past 3 years: _____

Number of fatal accidents happened in your organization in the past 3 years: _____

Number of occupational diseases happened in your organization in the past 3 years: _____

Key Hazards and OH&S risks associated with processes, the main hazardous materials used in the processes, and any relevant legal obligations coming from the applicable OH&S legislation:

Personnel working on and working away from the organization's premises:

For ISO 50001 Certification application only

Number of EnMS

effective personnel¹:

Annual energy

Consumption (TJ):

Number of energy sources:

Number of significant

energy uses (SEUs):

¹ EnMS effective personnel should include a) top management; b) management representative(s); c) energy management team; d) person(s) responsible for major changes affecting energy performance; e) person(s) responsible for the effectiveness of the EnMS; f) person(s) responsible for developing, implementing or maintaining energy performance improvements including objectives, targets and action plans; g) person(s) responsible for significant energy uses.

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For ISO 14064-1:2018 Verification application only

Name of reporting entity: _____

Address of reporting entity: _____

Organizational boundaries: _____

Objectives of verification: _____

Scope of verification: _____

Baseline Period: _____

Verification Period: _____

Materiality: _____

Level of Assurance: ACI only accepts Reasonable Level of Assurance.

The proposed Greenhouse Gas (GHG) Statement (if available): _____

GHG Sources, Sinks and Reservoirs (SSRs): _____

Types of GHG involved: _____

Intended user(s): _____



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We enclose herewith the following documentation to complete our application:

Copy of legal entity documentation (e.g. Business Registration or Certification of incorporation)/Organization Chart/
Questionnaire – Contact, All Certification Sites, Project List (e.g. Construction Project)

For and on behalf of
(Authorized Signature and Company Chop)

Signature with Co. Chop: _____
Name: _____
Title: _____
Date: _____

ACI Regulations: We, the applicant specified above, recognize that Accreditation Certification International Limited (ACI) operates the schemes of certifying business management system that are in accordance with the certification standards specified above and in accordance with Regulations which we have been provided with this application form. We also agree that if our application for certification is successful, and in consideration of ACI agreeing to proceed with our application an auditing our business, that we will comply with and be bound by the Regulations of the scheme. We further undertake to pay all cost required in relation to our application and any future certification. We understand and accept the condition that as holder of an accredited certificate, we are obliged to provide, on request, access to the assessment team of the accreditation body to witness of ACI's auditing team performing an audit at our site.



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Questionnaire- Sites/service points information (for certification and verification)

Company Name:

Site/Service Point

Nature:

Address:

Tel:

Fax:

No. of Staff:

Site/Service Point

Nature:

Address:

Tel:

Fax:

No. of Staff:

Site/Service Point

Nature:

Address:

Tel:

Fax:

No. of Staff:

Site/Service Point

Nature:

Address:

Tel:

Fax:

No. of Staff:



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Questionnaire- Contact

Contact Information

Managing Director:

Tel: _____ Fax: _____

E-mail: _____

Co-ordinator:

Tel: _____ Fax: _____

E-mail: _____

Management Representative

Tel: _____ Fax: _____

E-mail: _____

Deputy Management

Representative

Tel: _____ Fax: _____

E-mail: _____

Billing

Tel: _____ Fax: _____

E-mail: _____

Target date of

Certification/Verification: _____

Current certificate granted by other certification body for the standard and scope of

Certification applied: _____

Consultant Involvement: _____

We learn about ACI from: _____